CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

AUSTIN CITY CLEROURM C/OH RECEICOVER SHEET PG 1

| | | | 8588 HBJ 4 / | | |
|---|---|----------------------------|--|----------------------------------|----------------------------|
| The C/OH Instruction Gui | DE explains how to complete this f | form. 1 ACCOL (Ethics C | JNT2015 JUN 16 Commission filers) 1909 | 1 of 7 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR FIRST Mr. Edward NICKNAME LAST Ed Scrugg | d | MI SUFFIX | OFFICE U | AUSTIN RE 5005 JUN 1 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS/PO BOX: APT/SUITE #: 5848 Back Bay Ln Austin, TX 78739 | CITY; | STATE: ZIP CODE | Date Hand-delivered | or Date Postmarket |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST Mr. Carrol NICKNAME LAST NOWlin | | MI SUFFIX | Date Processed Date Imaged | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); 6707 Oasis Dr Austin, TX 78749 | ; APT / SUITE #; | CITY: STATE; | ZIP CODE | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBE (512) 288-0781 | ≘R | EXTENSION | | |
| 8 REPORT TYPE | | ay before election | Runoff Exceeded \$500 limit | 15th day after coappointment (of | • |
| 9 PERIOD COVERED | Month Day Year 01/01/2015 | THROUGH | Month Day 06/12/201 | Year | |
| 10 ELECTION | ELECTION DATE Month Day Year 12/16/2014 | ELECTION TYPE Primary X | Runoff | General | Special |
| 11 OFFICE | OFFICE HELD (if any) | | OFFICE SOUGHT (if known) Austin City Council D | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

| SUPPORT & | TOTALS | | Cover | SHEET PG 2 |
|---|---|---|-----------------------------|---------------------------|
| 13 C/OH NAME Scrue | ggs, Edward (Mr.) | | 14 ACCOUNT # (I 09090909 | Ethics Commission filers) |
| 15 NOTICE This box is for notice of political expenditures by political committees to support the candidate have been made without the candidate's or officeholder's knowledge or consent. Candidates and information only if they receive notice of such expenditures | | | | |
| POLITICAL COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | COMMITTEE ADDRESS | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| additional pages | jes - | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 16 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | \$ | 0.00 | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 299.40 |
| EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTALS | | | \$ | 0.00 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ | 1,776.34 |
| CONTRIBUTION BALANCE | | OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AST DAY OF THE REPORTING PERIOD | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | 15,221.90 |
| 17 AFFIDAVIT | | | | |
| AFFIX NOTARY S | • | Signature of Ca | l information require | d to be reported by |
| ho | | 010111 | Alan | # 12 L I |
| Signature of officer admi | nistering oath | Print name of officer administering bath | Title of officer admini | stering oath |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The Instruction Guide explains how to complete this form. | | | 1 PAGE# Schedule: 1/1 Report: 3/7 | | |
|---|---|--------------------------------------|--------------------------------------|---|--|
| 2 FILER NAME | Scruggs, Edward (Mr.) | | 3 ACCOUNT# 09090909 | (Ethics Commission filers) | |
| 4 Date 04/10/2015 | 5 Full name of contributor out-of-state PAC (ID# Cardenas, Alessandro (Mr.) 6 Contributor address; City; State; Zip Code 7500 Shadow Ridge Run # 37 Austin, TX 78749 | * | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) In kind assistance by purchasing supplies for campaign signs at Home Depot. | |
| | | | | Texas, complete Schedule T) | |
| 9 Principal occup Campaign Co | pation / Job title (See Instructions) onsultant | 10 Employer (See In Self Employed | structions) | | |
| Date 04/10/2015 | Full name of contributor out-of-state PAC (ID# Cardenas, Alessandro (Mr.) Contributor address; City; State; Zip Code 7500 Shadow Ridge Run # 37 Austin, TX 78749 | * | Amount of contribution (\$) | In-kind contribution description (if applicable) In-kind assistance by purchasing ink cartridges & other office supplies at Office Max. | |
| | Austri, 1770/49 | | (II traval autoida at | Texas, complete Schedule T) | |
| Principal occup | pation / Job title (See Instructions) | Employer (See In | | rexas, complete scriedule 1) | |
| Campaign Co | | Self Employed | | | |
| Date 02/20/2015 | Full name of contributor ut-of-state PAC (ID# Littlefield, Mark (Mr.) Contributor address; City; State; Zip Code 7705 Vail Valley Dr | #) | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) In-kind assistance for campaign poll - status settled at the end of the campaign. | |
| | Austin, TX 78749 | | | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See In | | Texas, complete Schedule T) | |
| Consultant | | Littlefield Consulting | | | |
| | | | | | |

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Advertising Expense Accounting/Banking Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Consulting Expense Event Expense Food/Beverage Expense Polling Expense Travel in District Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME Scruggs, Edward (Mr.) 09090909 Schedule: 1/3 Report: 4/7 5 Payee name ▲ Date Capital One Bank (USA) 04/13/2015 6 Amount (\$) Pavee address City; State; Zip Code 4301 W William Cannon Dr Ste H \$8.95 Austin, TX 78749 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) 8 (b) Description PURPOSE Low Balance Bank Fee Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Chaimers, Rho (Ms.) 02/20/2015 Amount (\$) Pavee address City: State; Zip Code 7211 Bill Hughes Rd \$250.00 Austin, TX 78745 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Web site, graphics, and technical services Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 01/02/2015 Facebook Ads Payee address City; State; Zip Code Amount (\$) 1 Hacker Way \$12.02 Menlo Park, CA 94025 Description (If travel outside of Texas, complete Schedule T) Cost of Facebook Ads Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/05/2015 Google Services Payee address City; State; Zip Code Amount (\$) 1600 Amphitheatre Parkway \$13.54 Mountain View, CA 94043 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** google ads Advertising Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

| | | EXPE | NDITURE CATEG | ORIES | | |
|--|------------------|---------------------------------|---|---------------------------------------|-------------------------------------|--|
| Advertising Expe | nse Gifts/Av | vards/Memorial Expense | Salaries/Wages/C | Contract Labor | Loan Repaym | nent/Reimbursement |
| Accounting/Bank Consulting Exper | nse Food/Be | everage Expense | Solicitation/Fundra Travel In District | • • | Contributions | n Equipment & Related Expense /Donations Made By |
| Event Expense Fees | | Expense Expense | Travel Out Of Dis Office Overhead/I | | Candidate | Officeholder/Political Committee r a category not listed above) |
| 1003 | i iiiiiig | | | v to complete this fo | | a datagory not indea above, |
| 1 PAGE# | | 2 FILER NAME | | · · · · · · · · · · · · · · · · · · · | | 3 ACCOUNT # (TEC filers) |
| Schedule: 2/3 Re | enort: 5/7 | Scruggs, Edward (| Mr.) | | | 09090909 |
| 4 Date | 5 Payee name | 1 | | | | |
| 02/03/2015 | Google Serv | /ices | | | | |
| 6 Amount (\$) | 7 Payee addres | | Zip Code | | | |
| \$20.00 | , · · · · · | theatre Parkway | p | | | |
| \$20.00 | Mountain Vi | ew, CA 94043 | | | | |
| | | | | | | |
| 8 | (a) Category (Se | e Categories listed at the top | of this schedule) | (b) Description | (If travel outsid | e of Texas, complete Schedule T) |
| PURPOSE | 1 | Fundraising Expense | | | ounts for cam | |
| OF EXPENDITURE | | • • | | | | |
| ÇXI ENDITORE | | | | Check if Austi | n, TX, officehold | der living expense |
| 9 Complete ONLY if | Candidate / O | officeholder name | | Office so | ight: | Office held: |
| direct expenditure to benefit C/OH | | | | | | |
| | <u> </u> | | | | | |
| Date | Payee name | | | | | |
| 03/05/2015 | Google Serv | | | | | |
| Amount (\$) | Payee addres | | Zip Code | | | |
| \$16.42 | | theatre Parkway ew. CA 94043 | | | | |
| | iviountain vi | EW, CA 94043 | | | | |
| | | | | | | |
| PURPOSE | | e Categories listed at the top | of this schedule) | Description Google acc | If travel outsid: ounts for carr | e of Texas, complete Schedule T) |
| OF | Solicitation/i | Fundraising Expense | | Google doc | and to our | pagnita |
| EXPENDITURE | | | | | | |
| Complete ONLY if | Candidate / O | Officeholder name | | Office so | | der living expense Office held: |
| direct expenditure | Canadate / C | mocnoaci name | | Office 30 | igin. | Office field. |
| to benefit C/OH | | | | | | |
| Dale | Payee name | | | | | |
| 01/26/2015 | OfficeMax | | | | | |
| Amount (\$) | Payee addres | s City; State; | Zip Code | | | |
| \$21.61 | 5400 Brodie | | | | | |
| | Austin, TX | 78745 | | | | |
| | | | | | | |
| PURPOSE | | e Categories listed at the top | of this schedule) | Description IRS Forms 1 | If travel outsid or 1099-MIS | e of Texas, complete Schedule T) |
| OF | Accounting/l | Banking | | 11.01011131 | 01 1000 10110 | o reporting |
| EXPENDITURE | | | | <u> </u> | | |
| Complete ONLY if | Candidate / C | Officeholder name | | Check if Austi | | der living expense Office held: |
| direct expenditure | Candidate / C | miceriolder name | | Office sur | igiii. | Office field. |
| to benefit C/OH | | | | | | |
| Date | Payee name | | | | | |
| 01/05/2015 | Sage Payme | ent Solutions | | | | |
| Amount (\$) | Payee addres | s City; State; | Zip Code | | | |
| \$379.15 | | eadow Road # 300 | | | | |
| * | McLean, VA | 1 22102 | | | | |
| | | | | | | |
| | Category (Se | e Categories listed at the top | of this schedule) | Description | (If travel outsid | e of Texas, complete Schedule T) |
| PURPOSE OF | Accounting/l | Banking | | Banking fee | s for on-line (| Contributions |
| EXPENDITURE | | | | | | |
| | | | | | | der living expense |
| Complete ONLY if direct expenditure | Candidate / O | Officeholder name | | Office so | ight: | Office held: |
| to benefit C/OH | | | | | | |

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE # Scruggs, Edward (Mr.) 09090909 Schedule: 3/3 Report: 6/7 Date 5 Payee name 02/02/2015 Sage Payment Solutions Payee address City; State; Zip Code 6 Amount (\$) 1750 Old Meadow Road # 300 \$7.00 McLean, VA 22102 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Merchant Account bank fee. Accounting/Banking **OF EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 02/23/2015 Scruggs, Ed (Mr.) Payee address City; State; Zip Code Amount (\$) 5848 Back Bay Ln \$900.00 Austin, TX 78739 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Partial repayment of campaign loan. Loan Repayment/Reimbursement OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Payee name Date Scruggs, Ed (Mr.) 04/15/2015 Amount (\$) Payee address City; State; Zip Code 5848 Back Bay Ln Austin, TX 78739 \$141.65 Description (if travel outside of Texas, complete Schedule T) Repayment of loan to candidate Category (See Categories listed at the top of this schedule) **PURPOSE** Loan Repayment/Reimbursement OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 01/15/2015 The UPS Store Amount (\$) Payee address City: State: Zip Code 4301 W. William Cannon Dr Suite B 150____ \$6.00 Austin, TX 78749 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Notary Public for campaign finance statement **PURPOSE** Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

CANDIDATE/OFFICEHOLDER REPORT:

FORM C/OH - FR

| | DESIGNATION OF FINAL REPORT | | | | | |
|---|--|---|--|--|--|--|
| | | uction Guide explains how to complete this form. ete only if 'Report Type' on page 1 is marked 'Final Report' ** | Page 7 of 7 | | | |
| 1 | C/OH NA | ME Scruggs, Edward (Mr.) | 2 ACCOUNT # (Ethics Commission lilers) 09090909 | | | |
| 3 | SIGNAT | URE | | | | |
| | a repor | expect any further political contributions or political expenditures in connection with my call as a final report terminates my campaign treasurer appointment. I also understand that I utions or make any campaign expenditures without a campaign treasurer appointment on form | may not accept any campaign | | | |
| 4 | | VHO IS NOT AN OFFICEHOLDER e A & B below only if you are not an officeholder ** | | | | |
| | A. | CAMPAIGN FUNDS | | | | |
| | Check | only one: | | | | |
| | I do not have unexpended contributions or unexpended interest or income earned from political contributions. | | | | | |
| | | I have unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or income earned on p also understand that I must file an annual report of unexpended contributions and that I mor unexpended interest or income earned on political contributions longer than six years a understand that I must dispose of unexpended political contributions and unexpended intercontributions in accordance with the requirements of Election Code, § 254.204. | olitical contributions to personal use. I nay not retain unexpended contributions after filing this final report. Further, I | | | |
| | В. | ASSETS | | | | |
| | Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. | | | | | |
| | | | | | | |
| | | I do retain assets purchased with political contributions or interest or other income from production of the purchased with political contributions or interest or other income from purchased. I also understand that I must dispose of assets purchased with political contributions Election Code, § 254.204. | rom political contributions to personal | | | |
| 5 | OFFICE | HOLDER | | | | |
| | ** Comple | te this section only if you are an officeholder ** I am aware that I remain subject to filing requirements applicable to an officeholder who diffe. I am also aware that I will be required to file reports of unexpended contributions if, at as an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | tter filing the last required report | | | |
| | | | Signature of Officeholder | | | |